# F23000001876

(Re	equestor's Name)	
(Ac	idress)	<u> </u>
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

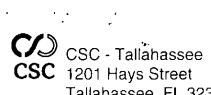


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S. ROBERTS APR - 3 2023



Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 03/31/23 Order #: 625559-1

Re: Environmental Assurance Company Inc.

Processing Method: Routine

#### TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:

120000000195

**AUTHORIZATION:** 

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

### COVER LETTER

Division of	on Section of Corporations		
SUBJECT:	Environmental.	ASSURANCE	Company INC
	Name of corporation - n	nust include suffix	
Dear Sir or Madar	n:		
"Certificate of Exi	plication by Foreign Corporation for Aut stence," or "Certificate of Good Standin foreign corporation to transact business in	g" and check are submit	Business in Florida," tted to register the
Please return all co	orrespondence concerning this matter to	the following:	
		Dan trotter	
	Name of Pers	son	
Envir	Name of Pers ronment for Assuran Firm/Compan	il Compan	y INC.
	Firm/Compan	у	
<u> 440</u>	HANCOCK Street	<del>-</del>	
• •	Address		
_ Inci	Address  LN.  City/State and 2	46222	
	City/State and 2	Zip code	
dan	City/State and 2 L- trotter 9 en c. us, E-mail address: (to be used for fi	4.com	
	E-mail address: (to be used for fi	uture annual report notif	fication)
	ntion concerning this matter, please call:		
Dan To	erson at ( <u>317</u> )	636-850	0
Name of P	erson Area Code	Daytime Telephone	e Number
Registratio Division of The Centre 2415 N. Me	COURIER ADDRESS: In Section Corporations of Tallahassee conroe Street, Suite 810 e, FL 32303	MAILING ADD Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations
Enclosed is a check Please make check pa □ \$70.00 Filing Fe	— +/·		S87.50 Filing Fee, Certificate of Status & Certified Copy

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

ENTAL ASSURANCE COMPANY, INC.		
corporation; must include "INCORPORATED," " Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
•	·	•
ilable in Florida, enter alternate corporate name ado	pted for the purpose of transacting business	in Florida)
	35-1839582	
te of incorporation)	(Date of duration, if other than perpet	ual)
reet, Indianapolis, IN 46222		
		202
(Current mailing ac	ldress, if different)	:- ::
eet address of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	· · ·
Corporation Service Company	_	?
1201 Hays Street	_	<b>ာ</b> သ
Tallahassee	Florida 32301	2)
(City)	(Zip code)	
	Corporation; must include "INCORPORATED," "Corp." "Inc." "Co." or "Corp.")  ilable in Florida, enter alternate corporate name ado  try under the law of which it is incorporated)  [Date first transacted business in Florida (SEE SECTIONS 607.1501 & 607.1502, reet, Indianapolis, IN 46222  [Principal office set address of Florida registered agent: (P.O. Becorporation Service Company  1201 Hays Street  Tallahassee	Corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  Corp.," "Inc.," "Co.," or "Corp.")  ilable in Florida, enter alternate corporate name adopted for the purpose of transacting business  a. 35-193952  try under the law of which it is incorporated)  (FEI number, if applicable)  te of incorporation)  (Date of duration, if other than perpeter)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  rect, Indianapolis, IN 46222  (Principal office street address)  (Current mailing address, if different)  tet address of Florida registered agent: (P.O. Box NOT acceptable)  Corporation Service Company  1201 Hays Street  Tallahassee  , Florida 32301

#### 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Wellard - Sprenson, AVP

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS	•					
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□ Vice Chairman	Address:			
□Director		Director				
President	Joff HART	□President				
□Vice President	440 Hancock Street, Indianapolis IN 46222	• □ Vice President				
☐ Secretary	☐Treasurer	□ Secretary	□Treasurer			
□Other	Other	□Other	Other			
□Chairman	Name:	□Chairman	Name:			
	Address:	□ Vice Chairman	Address:			
Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	Treasurer	☐ Secretary	□Treasurer			
□Other	Other	Other				
□Chairman :	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director _		□Director				
□President _		□President				
□Vice President _		□Vice President				
□Secretary	□Treasurer	□Secretary	Treasurer			
Other	Other	Other	Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.						
Signature of Director or Officer						
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.						

## State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

#### **ENVIRONMENTAL ASSURANCE COMPANY, INC.**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on November 19, 1991, and was in existence or authorized to transact business in the State of Indiana on March 31, 2023.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 31, 2023

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

1991110655 / 20233105380

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on April 30, 2023.